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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 21 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Jewish Hosp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 days**
45 Yrs. (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME **SOL MORGAN**

3. (b) If veteran, _____ **3. (c) Social Security No.** _____

name war _____

4. Sex **Male** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Esther** **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased **(unk)**
(Month) (Day) (Year)

8. AGE: Years **Ab. 59** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ **Russia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Used Cars**

12. Name **(Unk) Morgan**

13. Birthplace _____ **Russia**
(City, town, or county) (State or foreign country)

14. Maiden name **(unk)**

15. Birthplace _____ **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. S. Spector**

(b) Address **1006 N. Kingshighway**

17. (a) Burial **(b) Date thereof** **9/6/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) SEP 6 1948 **(b) J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **23 2813 S. Victor**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5**
year **1948** hour **9** minute **30** AM.

21. I hereby certify that I attended the deceased from **Aug 11**
1948, to **Sept 5**, **1948**.

that I last saw him alive on **Sept 5**, **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** **Duration** **10-12 hrs.**

Due to **Arteriosclerosis**
Cardio Vascular Disease

Due to **101**

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Major findings: **Arteriosclerosis obliterans**

Of operations _____

Of autopsy **Not Performed**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Alvin Spector** (M. D. or other) **M. D.**

Address **216 S. Kingshighway** **Date signed** **9/6/48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James P. Ludwig
4229

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

11